U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12543	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jefferson C Peppers	Name National Postal Mail Handlers Union Local 306
	Labor Organization File Number 092-054
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9045 S. Western Ave.	Street 9045 S. Western Ave.
City Chicago	City Chicago
State Illinois ZIP Code + 4 60620-6133	State Illinois ZIP Code + 4 60620-6133
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name	e, if any). 7.a. Nature of Interest, Transaction, or Income.		
Name N/A	N/A		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State Illinois ZIP Code	+4		

Signature

15. Signature and verification. The undersigned declares, under pe submitted in this report (including the information contained in any accundersigned's knowledge and belief, true, correct, and complete. (See	ompanying docu	ments), has been exa	mined by the signatory and is, to the best of the
Signed Wa Day	On	05/04/2006 Date	773 233 4434 Telephone Number

Name of Person Filing Jefferson Peppers		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name First Health	V	a li a a		
Trade Name, if any:	a. Labor Organiza	111011		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 3200 Highland Ave.	e. Employer			
City Downers Grove				
State Illinois ZIP Code + 4 60615				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	•		
Name	Administers Union	sponsored Health Plan		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar val	ue of such dealing.		
City	12.a. Nature of interest he			
State ZIP Code + 4	10/06/2005 - 10/0	nner) at health plan seminar. 9/2005 known approximate listed		
	12.b. Amount.		\$280	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name			1	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	<u> </u>			
City	1			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Jefferson Peppers	File Number U-
	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Amalgamated Bank of Ch	icago	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		b. Trust	
Street One W. Monroe		c. Employer	
City Chicago			
State Illinois	ZIP Code + 4 60603-5301		
10. If 9.b. or 9.c. is checked give trust or em	nployer's name.	11.a. Nature of such dealing.	
Name		Relating to provisions of Banking services provi for the Union	ded
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Ticket to the Chicago Bears game 12/18/2005	
		12.b. Amount.	\$277